

2003-2004 Application for Transportation Aid

Please **print** the following information:

Name of child: _____

Name of parent: _____

Address: _____

Occupation: _____ Place of employment: _____

School : _____ Phone: _____

Child's residence while attending school: _____

Legal description of this residence: Range: _____ Township: _____

Section: _____

Will the child be boarded away from home or any reason? _____

How far will the child live from the nearest school? _____

What is the distance to the nearest bus stop, if a school bus is available? _____

Will you be sharing the driving with other families? _____

Names of others sharing the driving: _____

(Use other side if more space needed)

Make warrant payable to (MUST match vendor registration app on file): _____

Mailing address for this payee: _____

Children being transported:

Name	age	grade	Name	age	grade
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I do affirm that the above information is true and correct to the best of my knowledge and belief.

Driving Parent (or Guardian): _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

(Teacher)

Signed: _____ Date: ____/____/____

(Parent or Guardian of other student transported)

Signed: _____ Date: ____/____/____

(Parent or Guardian of other student transported)